

DCRT Account Authorization

DCRT Account No.

Return this form to:

TASC, DCRT
National Institutes of Health
Building 12A, Room 1017
12 SOUTH DR MSC 5605
BETHESDA, MD 20892-5605

Instructions:

1. This form must be completed for one or more of the following: to open a new account; to authorize additional users on an existing account; to obtain a box number; or to register users.
2. For additional assistance, call (301) 594-3278 (301-594-DCRT).
3. Please type or print.

Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Open a new account | <input type="checkbox"/> Obtain a box number |
| <input type="checkbox"/> Register users | <input type="checkbox"/> Authorize additional users on an existing account |
| <input type="checkbox"/> Registered initials | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Project initials | |
| <input type="checkbox"/> Storage initials | |
| <input type="checkbox"/> Public initials | |

A. Individual Responsible for Account (Sponsor)

Name	ICD (<i>Institute, Center, or Division</i>)	Area Code and Phone No.
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Address

B. Users (*For users who are NIH contractors, include the company name.*)**DCRT Use Only**

Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box

C. New Accounts Only

Project Title	Common Account No. (CAN)	
Alternate Sponsor's Name	Address	Phone No.
Name and Signature of Deregistration Official (<i>Contact your Executive Officer for the name of your Deregistration Official.</i>)		

D. Authorization

Authorized by (<i>Signature of sponsor or alternate sponsor</i>)	Date
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